

02/17/00
jc714 U.S. PTO

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PTO/SB/50 (4/98)
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

REISSUE PATENT APPLICATION TRANSMITTAL

Address to:

Assistant Commissioner for Patents
Box Patent Application
Washington, DC 20231

Attorney Docket No. P51671RE
First Named Inventor Jin-Su PARK
Original Patent Number 5,719,618
Original Patent Issue Date (Month/Day/Year) 2/17/98
Express Mail Label No.

1. ☒ APPLICATION FOR REISSUE OF: (check applicable box) ☒ Utility Patent ☐ Design Patent ☐ Plant Patent

APPLICATION ELEMENTS

1. ☒ *Fee Transmittal Form (PTO/SB/56)
(Submit an original, and a duplicate for fee processing)
2. ☒ Specification and Claims (amended, if appropriate)
3. ☒ Drawing(s) (proposed amendments, if appropriate)
4. ☒ Reissue Oath/Declaration (original or copy)
(37 C.F.R. §1.175)(PTO/SB/51 or 52)
5. Original U.S. Patent
☒ Offer to Surrender Original Patent
(37 C.F.R. §1.178)
(PTO/SB/53 or PTO/SB/54)
☐ Ribboned Original Patent Grant
☐ Affidavit/Declaration of Loss (PTO/SB/55)
6. ☒ Original U.S. Patent currently assigned?
☐ Yes ☐ No
(If Yes, check applicable box(es))
☒ Written Consent of all Assignees (PTO/SB/53 or 54)
☒ 37 C.F.R. §3.73(b) Statement
☒ Power of Attorney

ACCOMPANYING APPLICATION PARTS


7. ☐ Foreign Priority Claim (35 U.S.C. 119) (If applicable)
8. ☒ Information Disclosure Statement (IDS) PTO/1449
☒ Copies of IDS Citations
9. ☐ English Translation of Reissue Oath/Declaration
(If applicable)
10. ☐ *Small Entity Statement(s) (PTO/SB/09-12)
☐ Statement filed in prior application, Status still proper and desired
11. ☒ Preliminary Amendment
12. ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
13. ☐ Other: _____

NOTE FOR ITEMS 1 & 10: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. §1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. §1.28)

14. CORRESPONDENCE ADDRESS

☐ Customer Number or Bar Code Label ☐ Correspondence address below
(Insert Customer No. Or Attach bar code label here)

Name ROBERT E. BUSHNELL and Law Firm
Address 1522 K Street, N.W., Suite 300
City Washington State D.C. Zip Code 20005-1202
Country U.S.A. Telephone (202) 408-9040 Fax (202) 628-0755

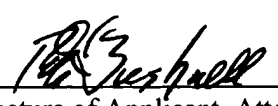
NAME (Print/Type)	Robert E. Bushnell	Registration No. (Attorney Agent)	27,774
Signature		Date	17 February 2000

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent & Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



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REISSUE APPLICATION FEE TRANSMITTAL FORM					Docket Number (Optional) P51671RE			
Claims as Filed - Part 1								
Claims in Patent	For	Number filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity		
				Rate	Fee		Rate	Fee
(A)	Total Claims (37 CFR 1.16(j))	(B)	****			or	×\$ 18 =	\$ ____ .00
(C)	Independent Claims (37 CFR 1.16 (i))	(D)	* 8 - 3 = 5	×\$ ____ =			×\$ 78 =	\$ 390.00
Basic Fee (37 CFR 1.16(h))					\$ ____	OR	\$ 690.00	
Total Filing Fee					\$		\$ 1,080.00	
Claims as Filed - Part 2								
	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee		Rate
Total Claims (37 CFR 1.16(j))	***	MINUS	**	*	×\$ ____ =		or	×\$ ____ =
Independent (37 CFR 1.16(i))	***	MINUS	*****	0	×\$ ____ =			×\$ ____ =
Total Additional Fee					\$	OR	\$	
<p>If the entity in (D) is less than the entity in (C), Write "0" in column 3.</p> <p>* If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.</p> <p>*** After any cancellation of claims.</p> <p>**** If "A" is greater than 20, use (B-A); if "A" is 20 or less, use (B-20).</p> <p>***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).</p> <p><input type="checkbox"/> Please charge Deposit Account No. _____ In the amount of _____.</p> <p style="padding-left: 40px;">A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. <u>02-4943</u>.</p> <p style="padding-left: 40px;">A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> A check in the amount of <u>\$1,080.00</u> to cover the filing/additional fee is enclosed.</p>								
<u>17 February 2000</u> Date			 Signature of Applicant, Attorney or Agent of Record Robert E. Bushnell Typed or printed name					

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Jin-Su PARK

Original Patent No. 5,719,618 issued on 17 February 1998

Serial No.: *to be assigned*

Examiner: *to be assigned*

Filed: 17 February 2000

Art Unit: *to be assigned*

For: LOCKING METHOD FOR A SYSTEM WITH AN ON SCREEN DISPLAY
FUNCTION AND APPARATUS THEREFOR

TRANSMITTAL OF DECLARATIONS

Assistant Commissioner
for Patents
Washington, D.C. 20231

Sir:

This transmittal accompanies:

1. Reissue Application Declaration by the Assignee (PTO/SB/52); and
2. Reissue Application Declaration by the Inventor (PTO/SB/51).

For the above captioned reissue application.

Respectfully submitted,



Robert E. Bushnell,
Attorney for the Applicant
Registration No.: 27,774

Suite 300, 1522 "K" Street, N.W.
Washington, D.C. 20005
(202)408-9040

Folio: P51671RE
Date: 13 January 2000
I.D.: REB/mf